

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 3/11/2004 2 Serial/Patent # 6603391

3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
Filing			\$
Amendment			\$
Extension of Time			\$
Notice of Appeal/Appeal			\$
Petition			\$
Issue			\$
Cert of Correction/Terminal Disc.	#16	10/27/2003	\$ 100.00
Maintenance			\$
Assignment			\$
Other			\$

7 TOTAL AMOUNT OF REFUND \$ 100.00

8 TO BE REFUNDED BY:

Treasury Check

Credit Deposit A/C #:

9 2 3 -- 0 9 2 5

10 REASON:

Overpayment

Duplicate Payment

No Fee Due (Explanation):

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: Antonio Johnson

TITLE: Legal Instrument Examiner

SIGNATURE: Antonio Johnson

PHONE: 703-308-8331

OFFICE: Cert. of Correction Branch

***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****

APPROVED: _____

DATE: _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B